



# Dental Screening Evaluation Form

## Community Health Care Family Dental



Center Name: \_\_\_\_\_

Program Code: \_\_\_\_\_ Date of Screening: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

\_\_\_\_\_ Early Learning Child      \_\_\_\_\_ Community Child      \_\_\_\_\_ Parent/Guardian

Provider Name: \_\_\_\_\_

### **RESULTS OF DENTAL SCREENING**

\_\_\_\_\_ No obvious dental problems were found. See your dentist every six months for regular dental check ups.

\_\_\_\_\_ Some dental problems were identified which should be evaluated further. Make an appointment with your dentist as soon as possible.

\_\_\_\_\_ The dentist has identified some dental problems which appear to need **immediate care**. Contact a dentist as soon as possible for a complete examination.

\_\_\_\_\_ Fluoride Varnish Received      \_\_\_\_\_ Needs Sealants

\_\_\_\_\_ Patient Education      \_\_\_\_\_ Other : \_\_\_\_\_

Dentist Signature \_\_\_\_\_ Date \_\_\_\_\_

- The dental screening completed today was a visual examination by a Community Health Care dentist. If you have any questions, please contact a Community Health Care Family Dental Clinic.
- If your child is covered by Medicaid or Private Insurance, this screening will be billed to them. If your child is uninsured, there is financial assistance available to cover the fee of this service.
- A dental screening examination does not include x-rays and does not take the place of a complete dental examination by your dentist.

**If you would like to schedule a dental appointment with a Community Health Care dentist, please call a Community Health Care Family Dental Clinic:**

**Milgard Family Dental**  
1708 East 44th Street  
Tacoma, WA 98404  
**(253) 572-7002**

**Lakewood Family Dental**  
10510 Gravelly Lake Dr. SW  
Lakewood, WA 98499  
**(253) 589-7188**

**Hilltop Family Dental**  
1202 MLK Jr. Way  
Tacoma, WA 98405  
**(253) 441-4743**

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